

Temporary Enrollment Form for Out of State Providers

This short enrollment form is for Temporary Enrollment. Effective dates will be determined by the Alabama Medicaid Program Office.

Please circle the appropriate provider type (circle only one) and specialty codes (circle up to five) to ensure proper enrollment. Specialty 600 is used to designate those provider types covered only for EPSDT referred services and Qualified Medicare Beneficiaries

PROVIDER TYPE	SPECIALTY
02 AMBULATORY SURGICAL CTR	020 AMBULATORY SURGICAL CENTER 520 LITHOTRIPSY
20 AUDIOLOGY/HEARING SVCS	200 AUDIOLOGY
57 CHILDREN'S SPECIALTY CLINICS	560 EPSDT SCREENING (Must submit CLIA certification. Must complete EPSDT Agreement.) 015 CHILDREN'S REHAB SERVICES 850 SPARKS REHAB CENTER (Required if working for Sparks) 990 HEMOPHILIA (CRS) 273 ORTHODONTIA (CRS) 995 RADIOLOGY CLINICS (CRS)
15 CHIROPRACTOR	150 CHIROPRACTOR 600 QMB/EPSDT
10 ANESTHESIOLOGY	101 ANESTHESIOLOGY ASSISTANT
09 CRNA	094 CRNA
27 DENTIST	271 GENERAL DENTISTRY 299 MOBILE PROVIDER (Must provide certification)
62 DENTIST / ORAL SURGEON	272 ORAL & MAXILLOFACIAL SURGERY
25 DURABLE MEDICAL EQUIPMENT	250 DURABLE MEDICAL EQUIPMENT/OXYGEN
56 FEDERALLY QUALIFIED HEALTH CENTER	093 CERTIFIED REG. NURSE PRACTITIONER 080 FEDERALLY QUALIFIED HEALTH CENTER 560 EPSDT SCREENING (Must submit CLIA certification. Must complete EPSDT Agreement.) 095 NURSE MIDWIFE 100 PHYSICIAN'S ASSISTANT 271 GENERAL DENTISTRY 180 OPTOMETRY 299 MOBILE PROVIDER (Must provide Certification)
22 HEARING AIDS	220 HEARING AID DEALER
05 HOME HEALTH	050 HOME HEALTH 361 PERSONAL CARE
06 HOSPICE	060 HOSPICE
01 HOSPITAL	540 EXTENDED CARE HOSPITAL 010 GENERAL HOSPITAL 011 INPATIENT PSYCHIATRIC HOSPITAL Over 65 017 INPATIENT PSYCHIATRIC HOSPITAL Under 21 520 LITHOTRIPSY 292 MAMMOGRAPHY (Must provide certification) 530 ORGAN TRANSPLANTS 035 SWING BED HOSPITALS
03 SWING BED HOSPITAL (Skilled Nursing Beds)	
28 INDEPENDENT LABORATORY	550 DEPT OF PUBLIC HEALTH LAB 280 INDEPENDENT LAB
09 INDEPENDENT NURSE PRACTITIONER	560 EPSDT SCREENING (Must submit CLIA certification. Must complete EPSDT Agreement.) 092 FAMILY PRACTICE 730 NEONATOLOGY 093 NURSE PRACTITIONER (Required Specialty) 090 PEDIATRICS (Independent Nurse Practitioners must select 093 as well as either 092, 730 or 090 specialty code.)
29 INDEPENDENT RADIOLOGY	292 MAMMOGRAPHY (Must provide certification) 327 NUCLEAR MEDICINE 570 PHYSIOLOGICAL LAB (INDEP. DIAG. TEST. FAC) 291 PORTABLE X-RAY EQUIPMENT 290 RADIOLOGY

PROVIDER TYPE	SPECIALTY
03 INTERMEDIATE CARE FACILITY	035 INTERMEDIATE CARE FACILITY
11 MEDICARE CROSSOVER ONLY	116 MEDICARE/MEDICAID CROSSOVER ONLY
99 NON PROVIDER	999 NON PROVIDER
09 NURSE MIDWIFE	095 NURSE MIDWIFE
19 OPTICIAN	190 OPTICIAN
18 OPTOMETRIST	180 OPTOMETRIST
59 OPTICAL DISPENSING CONTRACTOR	870 OPTICAL DISPENSING CONTRACTOR
55 PRIVATE PREVENTATIVE HEALTH EDUCATION	183 PREVENTATIVE HEALTH EDUCATION
31 PHYSICIAN 13 PHYSICIAN (COUNTY HEALTH DEPT.) 57 PHYSICIAN (CHILDREN'S SPECIALTY CLINICS) 58 PHYSICIAN (RHC) 56 PHYSICIAN (FQHC)	310 ALLERGY/IMMUNOLOGY 311 ANESTHESIOLOGY 312 CARDIAC SURGERY 313 CARDIOVASCULAR DISEASE 740 COCHLEAR IMPLANT TEAM 750 COLON AND RECTAL SURGERY 314 DERMATOLOGY 760 EENT 315 EMERGENCY MEDICINE 770 ENDOCRINOLOGY 560 EPSDT SCREENING (Must submit CLIA certification. Must complete EPSDT Agreement.) 316 FAMILY PRACTICE 317 GASTROENTEROLOGY 271 GENERAL DENTISTRY 318 GENERAL PRACTICE 319 GENERAL SURGERY 325 GERIATRICS 321 HAND SURGERY 780 HEMATOLOGY 790 INFECTIOUS DISEASES 800 INTERNAL MEDICINE 292 MAMMOGRAPHY 323 NEONATOLOGY 630 NEPHROLOGY 325 NEUROLOGICAL SURGERY 326 NEUROLOGY 327 NUCLEAR MEDICINE 230 NUTRITION 328 OBSTETRICS/GYNECOLOGY 329 ONCOLOGY 330 OPHTHALMOLOGY 272 ORAL AND MAXILLOFACIAL SURGERY 810 ORTHOPEDIC 331 ORTHOPEDIC SURGERY 332 OTORHINOLARYNGOLOGY 333 PATHOLOGY 345 PEDIATRICS 336 PHYSICAL MEDICINE 337 PLASTIC, RECONSTRUCTIVE, COSMETIC SURGERY 338 PROCTOLOGY 339 PSYCHIATRY 340 PULMONARY DISEASE 341 RADIOLOGY 830 RHEUMATOLOGY 342 THORACIC SURGERY 343 UROLOGY 313 VASCULAR SURGERY
09 PHYSICIAN EMPLOYED PRACTITIONER	560 EPSDT SCREENING (Must submit CLIA certification. Must complete EPSDT Agreement.) 093 PHYS. EMPLOYED CERT REG. NURSE PRACTITIONER
10 PHYSICIAN EMPLOYED PRACTITIONER	100 PHYS. EMPLOYED PHYSICIAN'S ASSISTANT 560 EPSDT SCREENING (Must submit CLIA certification. Must complete EPSDT Agreement.)

PROVIDER TYPE	SPECIALTY
14 PODIATRIST	140 PODIATRY 600 QMB/EPSTD (Required Specialty)
52 PRIVATE DUTY NURSING	580 PRIVATE DUTY NURSING To participate in the Technology Assisted (TA) Waiver for Adults program, a TA Waiver Addendum must be completed and submitted.
55 PRIVATE PREVENTATIVE HEALTH EDUCATION	183 PREVENTATIVE HEALTH EDUCATION
54 PSYCHOLOGIST	112 PSYCHOLOGY 600 QMB/EPSTD (Required Specialty)
01 REHABILITATION CENTER	560 EPSTD SCREENING (Must submit CLIA certification. Must complete EPSTD Agreement.) 610 QMB ONLY 012 REHABILITATION HOSPITAL
30 RENAL DIALYSIS	300 HEMODIALYSIS 630 NEPHROLOGY
58 RURAL HEALTH (INDEPENDENT)	081 FREE STANDING RURAL HEALTH CLINIC 560 EPSTD SCREENING (Must submit CLIA certification. Must complete EPSTD Agreement.) 095 NURSE MIDWIFE 271 GENERAL DENTISTRY
58 RURAL HEALTH (PROVIDER BASED)	185 PROVIDER BASED RURAL HEALTH CLINIC 560 EPSTD SCREENING (Must submit CLIA certification. Must complete EPSTD Agreement.) 095 NURSE MIDWIFE 271 GENERAL DENTISTRY
03 SKILLED NURSING FACILITY	035 NURSING FACILITY
26 TRANSPORTATION	260 EMERGENCY (Ground ambulance) 268 FIXED WING 261 HELICOPTER
17 THERAPIST	171 OCCUPATIONAL THERAPY 170 PHYSICAL THERAPY 600 QMB/EPSTD (Required Specialty) 173 SPEECH THERAPY (Hospital Based Therapists are not eligible to enroll.)

One provider type per application must be circled, along with at least one relating specialty. The specialties related to a specific provider type are blocked in the area across from the provider type. Example: Provider Type 52 is Private Duty Nursing, the only specialty that coincides with this provider type is 580, which is Private Duty Nursing.

ALABAMA MEDICAID PROVIDER ENROLLMENT APPLICATION

*The effective dates for Providers using this short enrollment form will be determined by the Alabama Medicaid Program Offices.

Applicant's NPI Number _____

ALL APPLICANTS MUST FILL OUT ACCORDINGLY

Please Check Applicable Boxes

APPLICANT ENROLLING AS: ☐ Individual
(Please check ONE) ☐ Group/Payee
☐ Facility/Organization

SECTION 1 – GENERAL INFORMATION

Note: Please refer to Frequently Used Terms in the Reference Materials for definitions

Facility/Group/Company or Last Name	First	Initial	Title/Degree			
(This is the name of the provider who performs the service. If enrolling a group/payee or facility, indicate that name here.)						
Physical Address – (PROVIDER PHYSICAL STREET ADDRESS– Number	Street	Room/Suite	City	State	ZIP+4	County
Resident License Number	Professional License No. (C)		Issue Date			
Medicare Intermediary/Carrier	Medicare Certification Date (C)					
Employer's Tax ID Number	Legal Name According To The IRS					
(Tax information submitted in this section must match that which is indicated on the W-9 tax form in this application.)						
CLIA Number: (C)						
Business Phone	Toll-free Phone		Fax Number			
Contact Name	Contact's Phone		Contact's Fax Number			
Payee Name						
(This is the name of the provider who receives the payment. If this information differs from the provider who performs the services, a group application will be required. Please contact, Provider Enrollment regarding exceptions at 1-888-223-3630 or (334) 215-0111.)						
Payee Address – (PROVIDER'S PAYEE/MAILING ADDRESS) Number	Street	Room/Suite	City	State	ZIP+4	County
Payee Phone	Toll-free Phone		Fax Number			
Payee NPI number if applying to join a group:						
If there are any questions concerning the completion of this application, please contact our Provider Enrollment Unit. Our Toll-Free Number is 1-888-223-3630 or 334-215-0111. FAX number is 334-215-4298						

SIGNATURE PAGE

Must be signed with an original signature

To the best of my knowledge, the information supplied on this document is accurate and complete and is hereby released to EDS and the Alabama Medicaid Agency for the purpose of enrolling in the Alabama Medicaid program.

I hereby authorize, consent to, and request the release to the Alabama Medicaid Agency of any and all records concerning me, including, but not limited to employment records, government records, and professional licensing records, and any other information requested by the Alabama Medicaid Agency for purposes of acting on my application to be an enrolled provider under the Alabama Medicaid program.

Signature of applicant (or an authorized representative if you are enrolling as a provider group/supplier)

Signature

Title

Date

Do Not Write In This Area
(For Office Use Only)

Date: _____

Initials: _____

QC Date: _____

QC Initials _____

NOTE:

Dates of enrollment granted utilizing this application will be determined by the Alabama Medicaid Program Office.

SIGNATURE PAGE (Continued)
***Penalties for Falsifying information on the Medicaid Health Care
Provider / Supplier Enrollment Application***

1. 18 U.S.C. § 1001 authorizes criminal penalties against an individual who in any matter within jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or make any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry.

Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. § 3571 Section 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

2. Section 1128B(a)(1) of the Social Security Act authorizes criminal penalties against an individual who "knowingly and willfully makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under a program under a Federal health care program.

The offender is subject to fines of up to \$25,000 and/or imprisonment for up to five years.

3. The Civil False Claims Act, 31 U.S.C. § 3729 imposes civil liability, in part, on any person who:

- a) knowingly presents, or causes to be presented, to an officer or an employee of the United States Government a false or fraudulent claim for payment or approval;
- b) knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; or
- c) conspire to defraud the Government by getting a false or fraudulent claim allowed or paid.

4. Section 1128B(a)(1) of the Social Security Act imposes civil liability, in part, on any person (including an organization, agency or other entity) that knowingly presents or causes to be presented to an officer, employee, or agent of the United States, or of any department or agency thereof, or of any State agency...

A claim...that the Secretary determines is for a medical or other item or service that the person knows or should know:

- a) was not provided as claimed; and/or
- b) the claim is false or fraudulent.

This provision authorizes a civil monetary penalty of up to \$10,000 per each item or service, an assessment of up to 3 times the amount claimed, and exclusion from participation in the Medicare program and State health care programs.

5. The Government may assert common law claims such as "common law fraud," "money paid by mistake," and "unjust enrichment." **Remedies include compensatory and punitive damages, restitution and recovery of the amount of the unjust profit.**